

Please type a plus sign (+) inside this box

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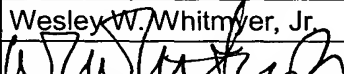
PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 02581-P0543A	
		First Inventor Uwe Bacher	
		Title Medical Instrument	
		Express Mail Label No. EL 574 206 204 US	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents		<b>ADDRESS TO:</b> Commissioner for Patents Box Patent Application Alexandria VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification (Total Pages <b>8</b> ) (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the Invention		b.: Specification Sequence Listing on:	
- Cross References to Related Applications		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
- Statement Regarding Fed sponsored R & D		ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix		c. <input type="checkbox"/> Statement verifying identity of above copies	
- Background of the Invention			
- Brief Summary of the Invention			
- Brief Description of the Drawings (if filed)			
- Detailed Description			
- Claims(s)			
- Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawings(s) (35 USC 113) (Total Sheets <b>2</b> )		<b>ACCOMPANYING APPLICATION PARTS</b>	
5. Oath or Declaration (Total Pages <b>0</b> )		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
a. <input type="checkbox"/> New executed (original or copy)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney	
b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		11. <input type="checkbox"/> English Translation Document (if applicable)	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventors(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		13. <input checked="" type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 of its equivalent.	
		17. <input checked="" type="checkbox"/> Other...PCT/EP02/02490 & DE 101 11 766.3 .. Cover Sheets...	
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:			
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part of prior application No.: PCT/EP02/02490 March 7, 2002			
Prior application information: Examiner Group/Art Unit: Priority Claimed: DE 101 11 766.3 March 12, 2001			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>18. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number of Bar Code Label <b>24126</b> <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
Name		Wesley W. Whitmyer, Jr.	
Address		St. Onge Steward Johnston & Reens LLC 986 Bedford Street	
City	Stamford	State	CT
Country	United States	Zip Code	06905-5619
Telephone	203 324-6155	Fax	203 327-1096

Name (Print/Type)	Wesley W. Whitmyer, Jr.	Registration No. (Attorney/Agent)	33,558
Signature		Date	9/11/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Times will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450; Alexandria, VA 22313-1450.

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**FEE TRANSMITTAL  
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision

Applicant claims small entity status, See 37 CFR 1.27

**Complete if Known**

Application No.	- Pending
Filing Date	September 11, 2003
First Named Inventor	Uwe Bacher
Examiner Name	
Art Unit	
Attorney Docket Number	02581-P0543A WWW

TOTAL AMOUNT OF PAYMENT (\$)**750.00****METHOD OF PAYMENT (check all that apply)**
☒ Check ☐ Credit Card ☐ Money ☐ Other ☐ None  
☒ Deposit Account: order
Deposit  
Account  
Number

19-4516

Deposit  
Account  
Name

St.Onge Steward Johnston &amp; Reens LLC

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fees(s) during the pendency of this application  
☒ Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1101	750	2001	375	Utility filing fee	750.00
1002	330	2202	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	750.00

**2. EXTRA CLAIMS FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
1	-20** =	0	x =
Independent Claims	1	-3** =	0
Multiple Dependent	0		

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1201	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claims, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 over original patent

SUBTOTAL (2) (\$)**-0-**

\*\* or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

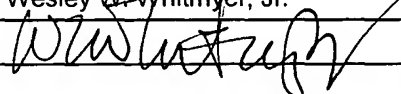
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing for or oath	
1052	50	2052	25	Surcharge - late provisional filing or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**-0-**SUBMITTED BY **St.Onge Steward Johnston & Reens LLC**

Complete (if applicable)

Name (Print/Type)	Wesley W. Whitmyer, Jr.	Registration No (Attorney/Agent)	33,558	Telephone	203 324-6155
Signature		Date	9/11/2003		

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038**

This collection of information is required by 37CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering of information, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORM TO THIS ADDRESS.**

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